

HUSBAND <u>Wm Bart CHRISTENSEN</u>					Husband <u>Wm Bart CHRISTENSEN</u>				
Born _____ Place _____					Wife _____				
Chr. _____ Place _____					NAME & ADDRESS OF PERSON SUBMITTING SHEET				
Marr. _____ Place _____					1. _____				
Died _____ Place _____					2. _____				
Bur. _____ Place _____					Stake or Mission _____				
HUSBAND'S FATHER _____					HUSBAND'S MOTHER _____				
HUSBAND'S OTHER WIVES _____					RELATION OF ABOVE TO HUSBAND _____				
RELATION OF ABOVE TO WIFE _____					FOUR GENERATION SHEETS FOR FILING ONLY				
WIFE					YES <input type="checkbox"/> NO <input type="checkbox"/>				
Born _____ Place _____					DATE SUBMITTED TO GENEALOGICAL SOCIETY _____				
Chr. _____ Place _____					LDS ORDINANCE DATA				
Died _____ Place _____					BAPTIZED (Date) _____				
Bur. _____ Place _____					ENDOWED (Date) _____				
WIFE'S FATHER _____					SEALED (Date and Temple) _____				
WIFE'S MOTHER _____					WIFE TO HUSBAND _____				
WIFE'S OTHER HUSBANDS _____					HUSBAND _____				
WIFE _____					WIFE _____				
CHILDREN					WHEN BORN				
List each child (whether living or dead) in order of birth					DAY MONTH YEAR				
Given Names SURNAME					TOWN COUNTY STATE OR COUNTRY				
DATE OF FIRST MARRIAGE					DAY WHEN DIED MONTH YEAR				
TO WHOM					LED (Date and Temple) LDREN TO PARENTS				
1					-----				
2					-----				
3					-----				
4					-----				
5					-----				
6					-----				
7					-----				
8					-----				
9					-----				
10					-----				
11					-----				
SOURCES OF INFORMATION					OTHER MARRIAGES				
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metoprolol tartrate

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W. Bant

100 mg

Dr. Christenson

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